



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2011 - JUNE 30, 2012  
Deadline: July 13, 2012**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2012 JUL 17 AM 8 22  
THOMAS J. PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Health and Human Services Agency  
Division/Unit: PHS / MCFHS / Share The Care

**2. VOLUNTEER PROGRAM BENEFITS:**

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	61	Hours	870	X	\$21.79	=	\$18,957.30
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Types of work performed by GENERAL VOLUNTEERS in this category:

Support the Dental Initiative with various projects.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$21.79	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
DDS (200)	840		\$73.70		\$61,908.00
Dental Hygienists (15)	4		\$33.69		\$134.76
					\$0.00
					\$0.00
					\$0.00

<b>No. of Vol.</b>	215	<b>Total Hours</b>	844	<b>Total Value =</b>	<b>\$62,042.76</b>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:  
They provided dental care.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	61	870	\$18,957.30
2b.	215	844	\$62,042.76
2c.			

<b>Total Vol.</b>	276	<b>Total Hours</b>	1,714	<b>Total Value =</b>	<b>\$81,000.06</b>
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**3. DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: <u>Dental Supplies</u>	Value: <u>\$1,000.00</u>
Item Donated: _____	Value: _____

**TOTAL VALUE = \$1,000.00**

**4. VOLUNTEER PROGRAM COSTS:**

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours **50** X Rate **\$30.13** = **\$1,506.50**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours **50** X Rate **\$22.10** = **\$1,105.00**

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
<u>Computer, End-Data Jack, E-mail</u>	<u>\$3,565.92</u>
<u>Training materials/supplies</u>	<u>\$200.00</u>
_____	_____
_____	_____
<b>TOTAL OF OTHER PROGRAM COSTS</b>	<b>\$3,765.92</b>

d. **TOTAL OF VOLUNTEER PROGRAM COST** = **\$6,377.42**  
(add 4a, 4b, and 4c)

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$81,000.06</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$1,000.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$6,377.42</u>

**TOTAL PROGRAM BENEFIT**

**\$75,622.64**

**6. RECRUITING:**

Please describe your recruiting programs:

Reach out to students needing community hours, pre-dental students, students needing interships, and individuals wishing to support dental health.

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Volunteer supported two community based dental preventive care clinics.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Facilitate two community dental events to provide preventive care to children. Year round access for children to emergency dental care. 276 volunteers - certificates and letters of accomodation. Other outreach activities as needed.

**9. GENERAL INFORMATION:**

Name of person completing report:	<u>Olga O'Brien</u>		
Phone: <u>619/692-8830</u>	Mail Stop: <u>P511H</u>	E-Mail:	<u>Olga.Obrien@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Wilfredo Perez</u>		
Phone: <u>619/542-4049</u>	Mail Stop: <u>P511H</u>	E-Mail:	<u>Wilfredo.Perez@sdcounty.ca.gov</u>

**10. DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7/12/12  
DATE